

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-030512**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 73

**FILED AUG 27 1962**

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA Hart Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>---</u>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>HARRISON</u> Last <u>GOLDEN</u>			4. DATE OF DEATH Month <u>August</u> Day <u>16</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4/18/89</u>	9. AGE (last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman (ret)</u>
11. BIRTHPLACE (City and state or country) <u>Salem, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Eljha Golden</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Tipton</u>		14. NAME OF HUSBAND OR WIFE <u>Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Ruth Golden 4207 Chateau St. Louis</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
DUE TO (b) <u>Hypertension</u> (477-533.5)			
DUE TO (c) <u>---</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Salem, Missouri</u>	COUNTY <u>Dent</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>10/30/57</u> to <u>7/17/62</u> and last saw him alive on <u>7/13/62</u> Death occurred at <u>8:30 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Martin M. Hart, M.D.</u>	22b. ADDRESS <u>Salem, Missouri</u>	22c. DATE SIGNED <u>8/18/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/19/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>
23d. LOCATION (City, town, or county) <u>Dent County Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>8/18/62</u>

24. FUNERAL DIRECTOR <u>Max L. Waigel</u>	25. DATE RECD. BY LOCAL REG. <u>8/18/62</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D., L.P.A.M.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59  
1 0331  
2 0330  
3 2  
4 0  
5 3  
6 0  
7 0  
8 0  
9 331X  
10  
11  
12 92-0  
13 1-0

AUG 27 1962

OCT 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Staten, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.